



South Carolina Department of Insurance

Division of Consumer and Individual Licensing Services

Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:

P. O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6095

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE APPLICATION FOR CONTINUING INSURANCE EDUCATION EXEMPTION

Social Security Number or License Number _____

Insurance Producer's Full Name _____
Last First M.I.

Mailing Address _____

Telephone Number _____ E-Mail Address _____

Please go ONLINE to the SC Department of Insurance's website (www.doi.sc.gov) to make any address changes.

The above named resident producer by this application claims **TOTAL EXEMPTION FROM SOUTH CAROLINA CE REQUIREMENTS** based on meeting one of the following requirement:

_____ 55 years of age and 20 **continuous** years of licensure, or
_____ 60 years of age and 20 **active** years of licensure

CERTIFICATION OF APPLICANT

I, _____, do hereby certify
(PRODUCER'S NAME - PLEASE PRINT)

that all of the information in this application is true and correct to the best of my knowledge. _____

Signature of Producer

_____ Date

THIS FORM MUST BE RECEIVED BY THE SC DEPARTMENT OF INSURANCE NO LATER THAN DECEMBER 31, 2009. APPLICATIONS RECEIVED AFTER DECEMBER 31, 2009 WILL NOT BE HONORED. MAIL THIS FORM AND ANY REQUIRED DOCUMENTS TO:

**SOUTH CAROLINA DEPARTMENT OF INSURANCE,
P. O. BOX 100105
COLUMBIA SC 29202
ATTENTION: PRODUCER LICENSING DIVISION**